When a patient comes to you with a pulled muscle, maybe you should recommend Flora.

Perhaps the best time to start your patients thinking more seriously about their health is when they come to you with some more routine complaint.



It is now widely accepted that changes in diet and lifestyle can dramatically decrease the risk of Coronary Heart Disease developing.

So the best time to recommend Flora is before, not after, any symptoms of CHD present themselves.

Flora is high in essential polyunsaturated fats (cis-cis linoleic), because it is made with pure sunflower oil.

Whenever an opportunity arises to recommend ways in which your patients could reduce the CHD risk factors, recommend they change to Flora, too.

Flora. High in essential polyunsaturates.



WONCA 1986



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Choose Monit for a wide range of angina patients

To reduce regular and frequent sublingual G.T.N.

To complement a betablocker or a calcium antagonist To replace I.S.D.N. or a sustained-release formulation of G.T.N.



isosorbide mononitrate 20 mg, Stuart

'Monit' Prescribing Notes

Presentation White tablets containing 20mg isosorbide mononitrate. Uses For prophylaxis of angina pectoris. Dosage Usually one tablet twice or three times daily. Maintenance dose for individuals will be between 20-120mg daily. Contra-indications A known sensitivity to nitrates. Warnings The following adverse effects may be seen with nitrate therapy:

1. Cutaneous vasodilation, headache, dizziness and weakness may occur, and are usually controlled by lowering the dose. The incidence of these effects is highest at commencement of treatment and tends to decline with time. 2. Postural hypotension may occur, especially with high doses. 3. Nitrate preparations can act as physiological antagonists to noradrenaline,

acetylcholine, histamine and other agents. 4. Dry rash and/or exfoliative dermatitis have been described rarely with nitrates. **Product Licence Number** 29/0174. **Basic NHS Cost** calendar pack of 56 tablets £4.78.



Further information is available on request to the Company Stuart Pharmaceuticals Limited

HELPING THE

Allen & Hanburys have always been amongst the leaders in research into asthma. We were, for example, one of the first companies to introduce an inhaler for asthmatics over sixteen years ago and, since then, we have made available a range of products which have proved of significant benefit to many thousands of patients.

Today, our commitment to asthma control is stronger

than ever with the development of an extensive asthma education programme for all health professionals. This includes the award-winning video 'Understanding Asthma', which provides patients with information about their condition and its treatment. For further information about this video, including details about its availability for sale to health professionals, please contact the Professional Services Manager.



Allen & Hanburys Ltd

Natrilix brings down blood pressure not the patient...

Presentation

Pink biconvex sugar-coated tablets each containing 2.5 mg indapamide hemihydrate.

For the treatment of hypertension.

Natrilix may be used as sole therapy or combined with other antihypertensive

Dosage and Administration
Adults: The dosage is one tablet daily, containing 2.5 mg indapamide hemihydrate, to be taken in the morning. The action of Natrilix is progressive and the reduction in blood pressure may continue and not reach a maximum until several months after the start of therapy. A larger dose than 2.5 mg Natrilix is not recommended as there is no appreciable additional anti-hypertensive effect. The co-administration of Natrilix with diuretics which may cause hypokalaemia is not recommended. **Children:** There is no experience of the use of this drug in children.

Contra-indications, Warnings, etc.

There are no absolute contra-indications to the use of Natrilix but caution should be exercised when prescribing Natrilix in cases of severe renal or hepatic impairm

described and the second and the sec

NATRILIX alone achieves successful control in 7 out of 10 patients 100

indapamide

Caring for the hypertensive patient – one tablet daily

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The inclusion of an advertisement in this *Journal* does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

PRACTICE EXCHANGE

ADELAIDE SOUTH AUSTRALIA

Expatriate English graduate with MRCGP (UK) seeks 12 month practice and house exchange in Bath area in 1987. Paediatric experience desirable. Adelaide is a large cosmopolitan city with a mediterranean climate.

For details write: Dr John Guy, 12 Ash Avenue, Belair, South Australia 5052.

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MRCGP PRACTICE EXAMS

New book now available edited by John Sandars, General Practice Tutor, Stockport, Cheshire and Secretary of Education Subcommittee, North West Faculty RCGP. This book contains essential advice and tips for every MRCGP candidate — two complete MCQ practice examinations with marking system, answers and teaching explanations, two MEQ papers, two PTQ papers both with samples and marking schedules. Oral and Log Diary techniques and presentations revision index and recommended book list. Send cheque now for £7.95 plus 75p p&p. The books are despatched the same day by first class mail.



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FOR SALE NEW ZEALAND

Rural practice available. Lower half North Island.

Reply:

P.O. Box 65, Featherston, New Zealand.

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10th National GP Trainee Conference

Swansea, 16-18 July 1986

The 10th National GP Trainee Conference will be held this year at University College, Swansea, from Wednesday 16 July to Friday 18 July 1986. All general practitioner trainees are welcome.

The programme includes:

Wednesday 16th

Introduction by Dr Derek Llewllyn

'The relevance of vocational training — past, present and future' by Dr John Fry

'Holism — the way ahead' by Dr Patrick Pietroni
'Patient education' by Dr Simon Smail
Sherry reception hosted by the GMSC
Dinner — traditional Welsh evening

Thursday 17th

Presentation by the British Medical Association
Syntex award winning presentations
'The nurse practitioner' by Dr John Owen
'GP clinics versus hospital clinics' by Dr Julian Tudor
Hart

Conference dinner

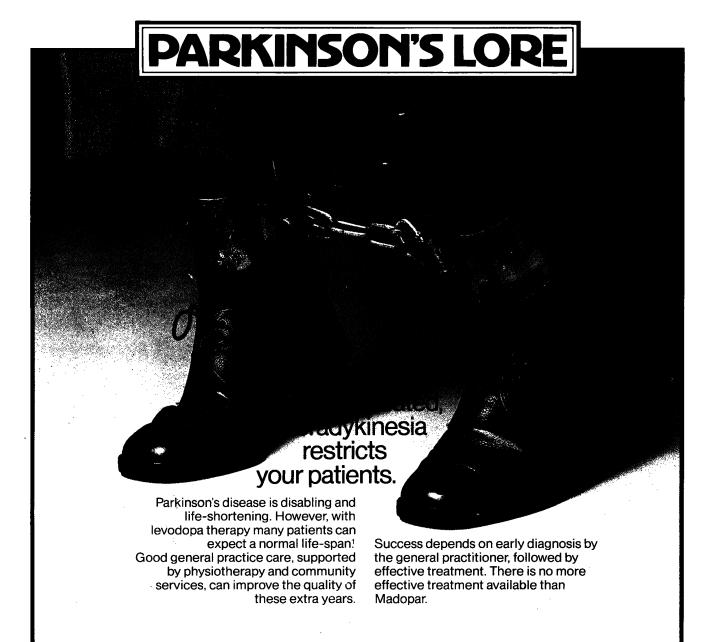
Friday 18th

Debate: 'This house believes that the use of commercial deputising services has no place in future general practice'

'Standards and accountability' by Dr Marshall Marinker

Pool party at City of Swansea leisure centre

The cost of the conference is £80 (full residential) or £50 (full meals only) or £30 (lunches only). Applications should be addressed to: Dr Ashok Rayan, 38 Pinewood Road, Uplands, Swansea. Closing date for applications is 1 July 1986.



For many patients

MADOPAR levodopa plus benserazide

Presentation Madopar contains a combination of levodopa and the decarboxylase inhibitor benserazide in the ratio of 4:1. Madopar 62.5 capsules containing 50mg levodopa

and 14.25mg benserazide hydrochloride (equivalent to 12.5mg of the base). Madopar 125 capsules

containing 100mg levodopa and 28.5mg benserazide hydrochloride (equivalent to 25mg of the base). Madopar 250 capsules containing 200mg levodopa and 57mg benserazide hydrochloride (equivalent to 50mg of the base). **Indications** Parkinsonism— idiopathic, post-encephalitic. **Dosage** Dosage is variable and the data sheet should be consulted for full details. The effective daily dose usually lies between four and eight capsules of Madopar 125 (two to four capsules of Madopar 250) daily in divided doses, most patients requiring no more than six capsules of Madopar 125 daily. In some elderly patients initial treatment with one capsule of Madopar 62.5 once or twice daily, increasing by one

capsule every third or fourth day may suffice.
Patients who experience fluctuations in response
may also benefit from administration of smaller,
more frequent doses using Madopar 62.5.
Contra-indications Narrow-angle glaucoma,

adds years to life—adds life to years

Contra-Indications Narrow-angle glaucoma, severe psychoneuroses or psychoses. Pregnancy. Patients under 25 years. It should not be given in conjunction with monoamine oxidase inhibitors or within two weeks of their withdrawal. Patients who have a history of, or who may be suffering from, a malignant melanoma. Precautions Drugs which interfere with central amine mechanisms should be avoided. Endocrine, renal, pulmonary or captiovascular disease, hepatic disorder, peptic ulcer.

osteoporosis, sympathomimetic drugs, antihypertensive drugs. Patients who improve on Madopar therapy should be advised to resume normal activities

gradually as rapid mobilisation may increase the risk of injury. **Side** • **effects** Nausea and vomiting, cardiovascular

disturbances, psychiatric disturbances, involuntary movements. Package Quantities Madopar 62.5 capsules, Madopar 125 capsules and Madopar 250 capsules in packings of 100. Licence Numbers 0031/0125 (Madopar 62.5 capsules) 0031/0073 (Madopar 125 capsules), 0031/0074 (Madopar 250 capsules). Basic NHS Cost Madopar capsules 62.5 £5.41 per 100. Madopar capsules 125 £9.76 per 100. Madopar capsules 250 £17.47 per 100. Reference 1. Quart.J.Med. 1980,49,283. Roche Products Limited ROCHE PO Box 8, Welwyn Garden City Hertfordshire Al 7 3AY Madopar is a trade mark J522224/384